MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (9780)

09778

CERTIFICATE OF DEATH

Reg. Dist. No. 290...

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON #0
LENGTH OF STAY (in this place) 44 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 09-13-2
STREET ADDRESS (If rural give location) 201 Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) (Last) Bayneum
4. DATE OF DEATH: (Month) 10 (Day) 17 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	Col	Married	Jan. 12-1878	76 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Bayneum
14. MOTHER'S MAIDEN NAME: Rhoda Jolley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Bertha Bayneum (wife) Cambridge Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Carcinoma of the Prostate	1 year
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	arterio sclerosis of Abdominal Aorta & heart	

19A. DATE OF OPERATION: Sept 16, 1954
19B. MAJOR FINDINGS OF OPERATION: Vascular Carcinoma of the Prostate
20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6 1954 to 10/17 1954 that I last saw the deceased alive on 10/17 1954, and that death occurred at 7:20 P. M, from the causes and on the date stated above.

SIGNATURE W. D. Schneider M. D. ADDRESS DATE SIGNED

CREMATION, (SPECIFY) | DATE THEREOF 10/21/54 | NAME OF CEMETERY OR CREMATORY Bethel | LOCATION (City, town, or county) (State) Cambridge, Md
Burial

DATE REC'D BY LOCAL REGISTRAR 10/19/54 | REGISTRAR'S SIGNATURE N. A. Nevins
24. FUNERAL DIRECTOR Lewis B. Insell ADDRESS Easton Md

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 28 1954
BUREAU V. S.

Item 21f Film G172 10-28-54 ams

09781

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

09779

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40; LENGTH OF STAY (In this place) 26½ Yrs; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton 05K-2; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) (Last) Blazejak

4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 54

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 6/21/19

9. AGE last birthday: 35 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NW

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Michael Seiler

14. MOTHER'S MAIDEN NAME: Emma Muggenthaler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Henry M. Blazejak

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Contusion & Brain Laceration — 32 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Fractured mandible; Laceration of scalp

(c) Sudden massive Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 15 1954 6pm. INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? during "Hurricane" Caught in debris of falling chicken house

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dawson D George (Degree or title) Deputy Medical Examiner ADDRESS: Denton Md DATE SIGNED: 10/17/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Oct. 20, 1954; NAME OF CEMETERY OR CREMATORY: Holy Cross; LOCATION (City, town, or county) (State): near Denton, Md.

DATE REC'D BY LOCAL REG.: 10-18-54; REGISTRAR'S SIGNATURE: Nat. Norris

24. FUNERAL DIRECTOR: J Virgil Hooper Son, ADDRESS: Denton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 25 1954
BUREAU V. S.

09794

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09782

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY TALBOT; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WITTMAN; LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS NO STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WITTMAN
STREET ADDRESS (If rural, give location) RURAL — P.O. Box

3. NAME OF DECEASED (Type or Print): (First) MELVIN (Middle) S. (Last) CALDWELL

4. DATE OF DEATH: (Month) OCTOBER (Day) 16 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: BLACK

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 1/10/1887

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNSKILLED LABORER

10b. KIND OF BUSINESS OR INDUSTRY: ESTATE CARETAKING

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13. FATHER'S NAME: Robert H. Caldwell

14. MOTHER'S MAIDEN NAME: Elizabeth C. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-12-1733A

17. INFORMANT AND ADDRESS: James A. Caldwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
722.0 Immediate cause	(a) MYOCARDIAL FATIGUE; INSUFFICIENCY AND FAILURE	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) RHEUMATOID ARTHRITIS	6-8 years
	(c) ASTHMA - BRONCHIAL (ALLERGIC: RAGWEED)	4 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	MALNUTRITION; CACHEXIA AND DEHYDRATION	2 mos

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

X ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

X TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY, 1954, to 16 OCT, 1954, that I last saw the deceased alive on 16 OCT, 1954, and that death occurred at 6 35 p.m., from the causes and on the date stated above.

SIGNATURE: Arthur J. McLelland Jr. (Degree or title) M.D. ADDRESS P.O. Box 386 107 W. CHESTNUT ST. ST. MICHAELS MARYLAND DATE SIGNED 16 OCT 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10/19/54 | NAME OF CEMETERY OR CREMATORY: Whittman Cem. | LOCATION (City, town, or county): Whittman (State): Md.

DATE REC'D BY LOCAL REG.: Oct. 19, 54 | REGISTRAR'S SIGNATURE: Mrs Rolf L. Seltz | 24. FUNERAL DIRECTOR: James B. Darnell ADDRESS: Easton, Md.

DARNELL

RECEIVED
OCT 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09780 **CERTIFICATE OF DEATH** 11 Reg. Dist. No. 290 09783

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 40
HOSPITAL OR INSTITUTION OR STREET ADDRESS House

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
STREET ADDRESS (If rural give location) Washington & Scott Sts.

3. NAME OF DECEASED: (Type or Print) (First) Louisa (Middle) Adele (Last) Clough

4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 7 1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months 3 Days 16 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Founder

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Zuckerauile Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Clough

14. MOTHER'S MAIDEN NAME: Mary Gingerich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-14-4882

17. INFORMANT & ADDRESS: Mrs Mary Clough, Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arterio Sclerosis — DUE TO — Interval Between Onset And Death: 4 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from July, 1954, to Oct. 23., 19 54, that I last saw the deceased alive on Oct. 23., 1954, and that death occurred at 4:30 P.M. from the causes and on the date stated above.

SIGNATURE Arnold S. Bartley (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 10-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 26 1954 — NAME OF CEMETERY OR CREMATORY Queenstown — LOCATION (City, town, or county) Hillsboro (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/26/54 — REGISTRAR'S SIGNATURE M.H. Meeres

24. FUNERAL DIRECTOR John D. Kellam — ADDRESS Easton, Md.

RECEIVED
OCT 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09781 09785

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 29D

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (In this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location) R.F.D. 1

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Carroll	Perkins	Cohey		10	16	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Married	April 23	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blacksmith		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Cohey	Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Jeanette Cohey - Centreville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Suicide - Shot himself with a gun	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Ruthsburg	Queen Anne	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Oct 16-1954 1:30 P.M.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. Henry Fisher M.D. Deputy Med-Exam for Q.A.C. Md	Centreville Md	10/20/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10-20-54	Sandtown	Sandtown	Del

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/17/54	N.A. Neires	Edgar L. Lane	Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 28 1884
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09784

09795

CERTIFICATE OF DEATH

Reg. Dist. No. 290...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) trappe
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN trappe
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) (Last) Cooper Jr.

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/17/06

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farm Hand

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Cooper

14. MOTHER'S MAIDEN NAME: Irene Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Amy Cooper Trappe, md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Asphyxia due to

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Drowning

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Highway

21C. WHERE DID INJURY OCCUR? (City or town) (County) Talbot Co. (State) Trappe Dist. Maryland

21D. TIME OF INJURY (Month) 10 (Day) 14 (Year) 1954 (Hour) 3:30 P.M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? Drove car off a bridge

22. I hereby certify that I attended the deceased from ..... , 19 , to 14 Oct , 1954, that I last saw the deceased alive on ..... , 19 ....., and that death occurred at 3:30 P M, from the causes and on the date stated above.

SIGNATURE AND M. D. Thurston Harrison ADDRESS Easton Maryland DATE SIGNED 18 Oct 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/19/54

NAME OF CEMETERY OR CREMATORY Trappe Cem.

LOCATION (City, town, or county) (State) Trappe md.

DATE REC'D BY LOCAL REGISTRAR 10/16/54

REGISTRAR'S SIGNATURE T. A. Nelson

24. FUNERAL DIRECTOR ADDRESS James B Bartlett, Easton, md.

09786

09786

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mc Daniel — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY [illegible] t
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X McDaniel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Rowenna (Middle) (Last) Gibson

4. DATE OF DEATH: (Month) Oct (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child

8. DATE OF BIRTH: Oct 5 1954

9. AGE last birthday yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Mc Daniel Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Frank Edward Gibson

14. MOTHER'S MAIDEN NAME: Anna Lee Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Anna Lee Gibson, Mc Daniel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] (Dead On Arrival)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature Birth

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19..... to ....., 19....., that I last saw the deceased alive on Oct 5, 1954, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE: Arthur V. McLellan (Degree or title) — ADDRESS Mc Daniel Maryland — DATE SIGNED 5 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 6, 1954 — NAME OF CEMETERY OR CREMATORY: Sherwood Colored Cemetery — LOCATION (City, town, or county): Sherwood — (State): Md.

DATE REC'D BY LOCAL REG.: Oct 5, 1954 — REGISTRAR'S SIGNATURE: Mrs Robt. L. Seth

24. FUNERAL DIRECTOR: J. Hampton Harrison — ADDRESS: St Michaels Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09782 (09787)

CERTIFICATE OF DEATH

Reg. Dist. No. 290...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A II — 10-53

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 26 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) Matthewstown Road

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) G. (Last) Golt

4. DATE OF DEATH: (Month) Oct. (Day) 18 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: May 4, 1891
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming.
10B. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Robert Golt
14. MOTHER'S MAIDEN NAME: Henrietta Messick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Helen Ann Dyott, Easton, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cardio-Vasc. Disease — Life

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17-, 1954, to 10-18-, 1954, that I last saw the deceased alive on 10-18-, 1954, and that death occurred at 12:12 P.M., from the causes and on the date stated above.

SIGNATURE Donald F. Bartley, M. D. ADDRESS Easton, Md. DATE SIGNED 10-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-20-54
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) (State) Easton

DATE REC'D BY LOCAL REGISTRAR 10-19-54
REGISTRAR'S SIGNATURE M. M. Morris
24. FUNERAL DIRECTOR ADDRESS W. Frampton Carroll, Easton, Md.

09797

09788

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nearit
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nearitt
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Albert (Last) Haddaway.

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 10, 1881

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Oysters Tilghman

11. BIRTHPLACE (State or foreign country): Nearitt, Talbot Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Thomas Haddaway

14. MOTHER'S MAIDEN NAME: Amelia Blanche Bridgett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-22-6760

17. INFORMANT AND ADDRESS: Lulu W. Haddaway Nearitt Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 334 pneumonitis — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) arteriosclerotic cerebro vascular d.
(c) & advanced senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: malnutrition & dehydration

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-3, 1954, to 10-3, 1954 that I last saw the deceased alive on 10-3, 1954, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Guy Reuech MD Trappe Md 10-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct 5, 1954

NAME OF CEMETERY OR CREMATORY: Nearit Cemetery

LOCATION (City, town, or county) (State): Nearit Md

DATE REC'D BY LOCAL REG.: Oct. 5, 1954

REGISTRAR'S SIGNATURE: Mrs Rose R Seth

24. FUNERAL DIRECTOR: J. Hamilton Harrison

ADDRESS: Hillsboro Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

REC
OCT 6
EAU V. S.

R.C. @ 8 54 am (09783)

MARYLAND STATE DEPARTMENT OF HEALTH

09783 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Talbot; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton; MARYLAND; LENGTH OF STAY (In this place) 2½ hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stevensville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Hoaney

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 1954

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: June 8 1906

9. AGE last birthday: 48 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oysterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hoaney

14. MOTHER'S MAIDEN NAME: Annie Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mary E. Johnson - wife -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Struck by auto - Fractured skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) & broken neck

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF other bldg., etc.) INJURY State highway - Stevensville (CITY OR TOWN) 2a (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS Centreville Md DATE SIGNED

W. Henry Frazier M.D. - Deputy Med. Exam for Q.A.C. Md 10/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 10-30-54; NAME OF CEMETERY OR CREMATORY Stevensville; LOCATION (City, town, or county) Stevensville; (State) Md

DATE REC'D BY LOCAL REG. 10/27/54; REGISTRAR'S SIGNATURE R. H. Merrey

24. FUNERAL DIRECTOR: Lewis P. Henry (Penn) Leon Henry; ADDRESS

09790

MARYLAND 09798

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
MARYLAND
LENGTH OF STAY (In this place) Approx. 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) C. (Last) Horner

4. DATE OF DEATH (Month) (Day) (Year): Oct. 25, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 8/29/1884

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Dover, Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Leonard Clark

14. MOTHER'S MAIDEN NAME: Anna Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS: Frank Horner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) uremia — Interval Between Onset and Death: 1 wk

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) carcinomatosis - generalized — ?

(c) adenocarcinoma sigmoid — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. intestinal obstruction — 3 days

19a. DATE OF OPERATION: X

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-30, 1953, to 10-25, 1954, that I last saw the deceased alive on 10-25, 1954, and that death occurred at 12 45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Murray Reuzey M.D. ADDRESS St Michaels md. DATE SIGNED 10-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10/28/54 | NAME OF CEMETERY OR CREMATORY: Gracelawn | LOCATION (City, town, or county) (State): Wilmington, Dela.

DATE REC'D BY LOCAL REG.: Oct. 26, 54 | REGISTRAR'S SIGNATURE: Mrs Robt L. Seth

24. FUNERAL DIRECTOR: NORMAN D. MARSHALL | ADDRESS: St. Michaels Md

RECEIVED
OCT 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09791

09784

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton R.F.D. 2
LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sara (Middle) T (Last) Hundley

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married. | 8. DATE OF BIRTH: 1900 | 9. AGE last birthday 53 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wife.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Thomas
14. MOTHER'S MAIDEN NAME: Sadie Hewett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-22-0402
17. INFORMANT & ADDRESS: Mr Arthur F. Hundley (Husband) Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Lung Cancer
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12 , 1954 to 10/23 , 1954 that I last saw the deceased alive on 10/23 , 1954 and that death occurred at 2:20 P.M. from the causes and on the date stated above.

SIGNATURE Clement F. M.D. ADDRESS Canton Memorial Hosp. DATE SIGNED 25 Oct 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/25/54
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, Town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/24/54
REGISTRAR'S SIGNATURE N. A. Nevins
24. FUNERAL DIRECTOR James S. Williams
ADDRESS Easton Md.

MARYLAND: STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

0783 69792

Reg. Dist. No. 290

tcps 12,1.,,ilmu173 11-1-54 20

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
LENGTH OF STAY (in this place) 1 Day 22 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) R. # 3

3. NAME OF DECEASED: (Type or Print) (First) HERMANCE (Middle) (Last) KAIN

4. DATE OF DEATH: (Month) Oct (Day) 22 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Jan. 30, 1893 | 9. AGE last birthday: 61 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10B. KIND OF BUSINESS OR INDUSTRY: House Wife | 11. BIRTHPLACE (State or foreign country): France | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. Desire Neslard | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mr. Joseph A. Kain, Cambridge, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X

IMMEDIATE CAUSE (A) Liver deficiency

ANTECEDENT CAUSE (B) DUE TO Carcinoma of pancreas

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 ..., to ....., 19..... , that I last saw the deceased alive on ..... , 19 ... , and that death occurred at 10:25 A.M, from the causes and on the date stated above.

SIGNATURE Edward J. [illegible], M.D. ADDRESS M.D. Canton Monroe Ohio DATE SIGNED 10/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 10/24/54 | NAME OF CEMETERY OR CREMATORY Morristown N.J. | LOCATION (City, town, or county) (State) Morristown N.J.

DATE REC'D BY LOCAL REGISTRAR 10/23/54 | REGISTRAR'S SIGNATURE N. St. Norris | 24. FUNERAL DIRECTOR ADDRESS Harold E. Hodgkins Hon.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09793

09786

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 5 hrs-15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stevensville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) S (Middle) Earl (Last) Long

4. DATE OF DEATH: (Month) 10 (Day) 2 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Nov. 11 1881 | 9. AGE last birthday 72 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Long
14. MOTHER'S MAIDEN NAME: Martha Childs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-30-8227
17. INFORMANT & ADDRESS: Mrs Etty Long

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4201

IMMEDIATE CAUSE (A) Myocardial infarction due to

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Coronary insufficiency

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2, 1954 to 10-2, 1954 that I last saw the deceased alive on 10-2, 1954, and that death occurred at 10:40 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS [illegible] DATE SIGNED 10-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-5-54
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) Stevensville (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/3/54
REGISTRAR'S SIGNATURE M. A. Nevins
24. FUNERAL DIRECTOR Edgar L. Long
ADDRESS Church Hill, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09794

09799 CERTIFICATE OF DEATH Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TRAPPE (RURAL)
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TRAPPE.
STREET ADDRESS (If rural give location) RURAL.

3. NAME OF DECEASED: (First) SHERWOOD (Middle) MULLIKIN (Last)
4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: Oct. 10, 1869
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman for
10B. KIND OF BUSINESS OR INDUSTRY: Tomato factory
11. BIRTHPLACE (State or foreign country): MARYLAND.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHARLES F. MULLIKIN
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-12-4235
17. INFORMANT & ADDRESS: MRS. SADIE T. MULLIKIN

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3½ hours

ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis — 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended~~ the deceased from Oct. 13th, 1954 to Oct 14, 1954 that I last saw the deceased alive on Oct. 13th, 1954, and that death occurred at 8 A. M, from the causes and on the date stated above.
SIGNATURE William S. Seymour M. D
ADDRESS Trappe
DATE SIGNED 10/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Oct. 16, 1954
NAME OF CEMETERY OR CREMATORY: Windy Hill Cemetery
LOCATION (City, town, or county) (State): Trappe, Talbot, Maryland

DATE REC'D BY LOCAL REGISTRAR: 10-16-54
REGISTRAR'S SIGNATURE: M. A. Merrick
24 FUNERAL DIRECTOR: Merrick & Stevens
ADDRESS: Easton

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09795

09787 CERTIFICATE OF DEATH Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Keith (Middle) (Last) Plutschak

4. DATE OF DEATH: (Month) October (Day) 23 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: September 6, 1954 | 9. AGE last birthday yrs. | IF UNDER 1 YEAR Months 1 Days 18 | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Carl T. Plutschak

14. MOTHER'S MAIDEN NAME: Rosa Lee Hessler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr Carl T. Plutschak.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchiolitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Mal-nutrition

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I Hereby certify that I attended the deceased from 10/21 19 54 to 10/23 19 54 that I last saw the deceased alive on 10/23 19 54, and that death occurred at 5.45 P M, from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 10/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF Oct. 26, 54 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/24/54 | REGISTRAR'S SIGNATURE M. A. Meeres | 24. FUNERAL DIRECTOR [illegible] | ADDRESS Easton

VS. A15—10-53

09796

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03800

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 2 Box 111

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural give location) Rt 2 Box 111

3. NAME OF DECEASED: (First) Georgiana (Middle) (Last) Potts

4. DATE OF DEATH: (Month) 10 (Day) 2 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 1877 | 9. AGE last birthday: 77 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Denby
14. MOTHER'S MAIDEN NAME: Francis Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Francis Holland Trappe, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis — 8 yrs.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1954 to Oct. 2, 1954, that I last saw the deceased alive on Oct. 2, 1954, and that death occurred at 8 A, M, from the causes and on the date stated above.
SIGNATURE William S. Seymour M. D. ADDRESS Trappe Md. DATE SIGNED Oct. 7, 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-7-54
NAME OF CEMETERY OR CREMATORY Trappe
LOCATION (City, town, or county) (State) Trappe Md.

DATE REC'D BY LOCAL REGISTRAR 10/7/54
REGISTRAR'S SIGNATURE M. H. Meeres
24. FUNERAL DIRECTOR James B. Dodwell ADDRESS Easton, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 13 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09788 09797

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH. COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grasonville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Baby Radcliffe

4. DATE OF DEATH: (Month) Oct (Day) 8 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8 DATE OF BIRTH: Oct 5, 1954 | 9. AGE last birthday yrs. | IF UNDER 1 YEAR Months | Days 3 | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fletcher Radcliff
14. MOTHER'S MAIDEN NAME: Nancy Jean Seward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S ADDRESS: Mr. Fletcher Radcliffe

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Atelectasis
ANTECEDENT CAUSE (B) DUE TO Prematurity
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5 1954 to 10/8 1954 that I last saw the deceased alive on 10/8 1954, and that death occurred at 9:5 A M, from the causes and on the date stated above.

SIGNATURE G. W. Martin, Jr. M.D. ADDRESS Queenstown DATE SIGNED 10/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-9-54 | NAME OF CEMETERY OR CREMATORY Chesterfield | LOCATION (City, town, or county) Centreville (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-9-54 | REGISTRAR'S SIGNATURE J. H. Nevitt | 24. FUNERAL DIRECTOR Barton Brothers, Centreville Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

09789 2411 N. Charles Street, Baltimore 09798

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please state the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 4; MARYLAND; LENGTH OF STAY (in this place) 5 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural give location) S. Washington St.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Francis (Last) Rhodes

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 8, 1891

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): District Manager

10b. KIND OF BUSINESS OR INDUSTRY: General Motors

11. BIRTHPLACE (State or foreign country): Mobile Ala

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Herbert Rhodes

14. MOTHER'S MAIDEN NAME: Belle Paston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 340-07-5977

17. INFORMANT: Mrs. Shirley K. Rhodes, Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage. — Interval between onset and death: 5hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension. — 12 years

(c) Arteriosclerosis Generalized. — 8 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no (CITY OR TOWN) no (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ no

HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from 3-26 30 1954, to 10, 19....., that I last saw the deceased alive on 10-15, 1954, and that death occurred at 2-30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William L. Winters M.D. Easton Maryland 10/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Oct. 17, 1954 NAME OF CEMETERY OR CREMATORY Bay Beach LOCATION (City, town, or county) Washington (State) D. C.

DATE REC'D BY LOCAL REG. 10-16-54 REGISTRAR'S SIGNATURE D. H. Neires

24. FUNERAL DIRECTOR ADDRESS Easton Md

VS. A15

RECEIVED
OCT 1 1914
BUREAU V. S.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10823

09790

Item 7, FilmG173 11-13-2, 66

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (In this place) 4 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) P. (Last) Rigby

4. DATE OF DEATH: (Month) October (Day) 27 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 7, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Rigby

14. MOTHER'S MAIDEN NAME: Mary Caroline Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk.
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Della R. Moore - Preston, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1140 X

IMMEDIATE CAUSE (A) General Insufficiency DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Right Tobar Pneumonia DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27, 19 54, to 10/27, 19 54, that I last saw the deceased alive on 10/27, 19 54, and that death occurred at 4:20 P. M, from the causes and on the date stated above.

SIGNATURE Edward L. Martin, M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 10 Nov 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 10/29/54 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REGISTRAR 10/27/54 | REGISTRAR'S SIGNATURE T. H. Meares

24. FUNERAL DIRECTOR Beachland ADDRESS Easton

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09799

09791 CERTIFICATE OF DEATH Reg. Dist. No. 290.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 14da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton - rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) (Last) Sherwood

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1954

5. SEX: Fe | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: May 4, 1900 | 9. AGE last birthday 54 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W. | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Brown | 14. MOTHER'S MAIDEN NAME Ester V. Dulaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. ? | 17. INFORMANT & ADDRESS: Mr Howard W. Sherwood

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Focal gliosis of brain stem — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 5 ... 1954, to Oct. 19, 1954, that I last saw the deceased alive on Oct. 19 1954, and that death occurred at 2 20 A M, from the causes and on the date stated above.
SIGNATURE Albert M.D. ADDRESS Centre Memorial Hosp. DATE SIGNED 21 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct 24 1954 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/22/54 | REGISTRAR'S SIGNATURE M.A. Nevins | 24. FUNERAL DIRECTOR M.E. Leonard & Son | ADDRESS

VS. A15 — 10 - 63

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09792 09800

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 4 1/2 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) Washington St. East

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Stevens

4. DATE OF DEATH: (Month) 10 (Day) 30 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~. (Specify):

8. DATE OF BIRTH: Oct 3 1878

9. AGE last birthday 76 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William J. Holland

14. MOTHER'S MAIDEN NAME: Valeria Dyott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr Clarence Holland 717 K Street apt. 303 Washington 2a D C

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Advanced Arteriosclerosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ... ... , 19 ..., to ... ... , 19....., that I last saw the deceased alive on ... ... , 19 ... , and that death occurred at 4 A. M, from the causes and on the date stated above.

SIGNATURE Paul Helmuth M.D. ADDRESS Carlton Memorial Hosp. DATE SIGNED 10 Nov 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 1, 1954 | NAME OF CEMETERY OR CREMATORY St. Linden | LOCATION (City, town, or county) Bladensburg, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11/1/54 | REGISTRAR'S SIGNATURE N.A. Nevins

24. FUNERAL DIRECTOR C.V. Harrison ADDRESS St. Michaels Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09801

09801

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (First) Addie (Middle) (Last) Wells

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 1873 | 9. AGE last birthday 81 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY Domestic | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Jenkins | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mrs. Mable Pavey Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4-6 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension — 6-8 months

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1954 to 10/4, 1954, that I last saw the deceased alive on 10/4, 1954, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE Maynard T. Mill M.D. | ADDRESS Easton, Md. | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/9/54 | NAME OF CEMETERY OR CREMATORY Trappe Cem. | LOCATION (City, town, or county) Trappe Md. (State)

DATE REC'D BY LOCAL REGISTRAR 10/8/54 | REGISTRAR'S SIGNATURE T. H. Nevins | 24. FUNERAL DIRECTOR James B. Bartlett Easton | ADDRESS

VS. A15—10-53

RECEIVED
OCT 13 1954
BUREAU V. S.

09802

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09793

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton R/D; LENGTH OF STAY (in this place) 10 1/2 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg 057-2; STREET ADDRESS (If rural give location) RFD # 1 ✓

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Lee (Last) Whitby

4. DATE OF DEATH: (Month) October (Day) 29 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 29 1902

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Whitby

14. MOTHER'S MAIDEN NAME: Annie Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?; (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Nettie Whitby (wife) Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

200.1

IMMEDIATE CAUSE (A) Lymphosarcoma of tonsil

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ?

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE C. H. Smith M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 10 Nov 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 11/2/54; NAME OF CEMETERY OR CREMATORY Hill Crest; LOCATION (City, town, or county) Federalsburg (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/30/54; REGISTRAR'S SIGNATURE M. H. Meeres

24. FUNERAL DIRECTOR J J Frampton Son ADDRESS Federalsburg, Md

RECEIVED
NOV 8 1954
BUREAU V. S.